

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 402867/SHINSEI Client Reference No. _____ First Inventor Osamu NISHIKIDO Title AM DETECTING APPARATUS WITH OVERMODULATION DETECTING FUNCTION Express Mail Label No. _____
APPLICATION ELEMENTS	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 ADDRESS TO:	
1. <input checked="" type="checkbox"/> Utility Patent Application Transmittal Form 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (including claims and abstract) [Total Pages 27] 4. <input checked="" type="checkbox"/> Drawings [Total Sheets 9] 5. <input checked="" type="checkbox"/> Combined Declaration and Power of Attorney [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed b. <input type="checkbox"/> Copy from prior application [Note Box 6 below] i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application 6. <input type="checkbox"/> Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference. 7. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 9. Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper Copy c. <input type="checkbox"/> Statement verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 10. <input type="checkbox"/> Applicant requests early publication. (include publication fee under 37 CFR 1.18(d)) 11. <input checked="" type="checkbox"/> Assignment Papers (cover sheet and document(s)) 12. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an Assignee) 13. <input type="checkbox"/> Power of Attorney 14. <input type="checkbox"/> English Translation Document (if applicable) 15. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of Listed Documents 16. <input type="checkbox"/> Preliminary Amendment 17. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized) 18. <input checked="" type="checkbox"/> Claim of Priority & Certified Copy of Priority Document(s) 19. <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) (Form PTO/SB/35 or its equivalent attached) 20. <input type="checkbox"/> Other:	
21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part of prior application no. _____ Prior application information: Examiner _____ ; Group Art Unit: _____		

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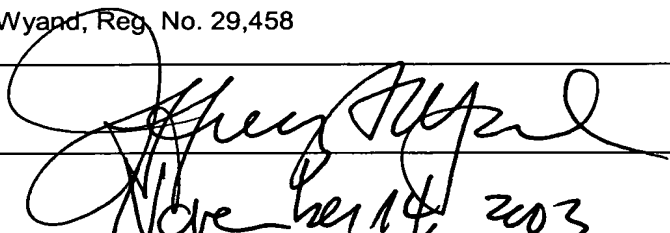
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Attorney Docket No.
402867/SHINSEI
Client Reference No.

APPLICATION FEES				
BASIC FEE				\$770.00
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	
Total Claims	10 -20=		x \$18.00	\$
Independent Claims	1 - 3=		x \$86.00	\$
<input type="checkbox"/> Multiple Dependent Claim if applicable			+\$290.00	\$
Total of above calculations =				\$770.00
Reduction by 50% for filing by small entity =				\$()
<input checked="" type="checkbox"/> Assignment fee if applicable			+\$40.00	\$40.00
<input type="checkbox"/> Early publication fee if applicable			+\$300.00	\$
TOTAL =				\$810.00
<p>22. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 12-1216 in the amount of \$810.00.</p> <p>23. <input type="checkbox"/> A check in the amount of \$ is enclosed.</p> <p>24. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:</p> <p>a. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.16.</p> <p>b. <input type="checkbox"/> Fees required under 37 CFR 1.17.</p> <p>25. <input type="checkbox"/> The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 12-1216 for any fee that may be due in connection with such a request for an extension of time.</p>				
26. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 23548 23548		<input type="checkbox"/> Jeffrey A. Wyand, Reg. No. 29,458 Leydig, Voit & Mayer 700 Thirteenth Street, N.W., Suite 300 Washington, D.C. 20005-3960 (202) 737-6770 (telephone) (202) 737-6776 (facsimile)		
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Signature				
Date	November 14, 2003			